



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

May 3, 2012

Ms. Deborah Betts, Administrator
Hundred Acre Homestead
171 Gould Hill Road
Worcester, VT 05682

Provider #: 547

Dear Ms. Betts:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 12, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



PRINTED: 04/09/2012
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 547	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2012
NAME OF PROVIDER OR SUPPLIER HUNDRED ACRE HOMESTEAD		STREET ADDRESS, CITY, STATE, ZIP CODE 171 GOULD HILL ROAD WORCESTER, VT 05682		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 001	INITIAL COMMENTS An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 3/12/12. The following are regulatory findings.	T 001		
T 003	IV.A.2 Resident Care and Supervision Medication The Director shall assure that all medications and drugs are: a. used only as prescribed by the resident's physician b. properly labeled and kept in a locked cabinet at all times or, when a program of self-medication is in effect, otherwise safely secured. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Director failed to assure appropriate transcription / clarification of medications for 1 applicable residents in the survey sample (Resident #1). Findings include: 1. Per record review on 03/12/12, Resident #1's MAR (Medication Administration Record) had written "birth control pills - 1 tab every 6 weeks then placebo". Per review of the pharmacy label on the package of the birth control pills states "1 tab every 28 days". Per review of the Medical Appointment Form dated 01/23/12, the medical provider wrote "...[resident #1] would like to try regular schedule with pills- have menses monthly-...". Per interview at 1:15 PM the Clinical Team Coordinator (CTC) stated that the resident 'was at one time on a 6 week routine, so that is the regular schedule'. When the nurse surveyor asked if the medical provider was contacted to	T 003	<i>Please SEE ATTACHED Explanation and prescription</i> <i>Attached Plan of Correction accepted 5/1/12 SEMMONS RN / Pineda RN</i>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6889

YDFL11

TITLE

(X6) DATE

Deborah W. Bell, Director 4-25-12

If continuation sheet 1 of 3

Pm

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T 003	Continued From page 1 verify and/or the pharmacy of the order, the CTC confirmed that the transcription and clarification of the order was not verified.	T 003		
T 076	VI.1.C.7. Common Model Program Standards Structural Components Staff The residence shall have written standards for the evaluation of staff performance. This STANDARD is not met as evidenced by: Based on record review and interview, the residence failed to develop and/or utilize written standards for staff performance evaluation. Findings include: 1. Per record review on 03/12/12, there were no policies and procedures available regarding the evaluation of staff job performance. During interview at 11:05 AM the Administrator stated that there was "a lack of written evaluations/supervision but much of it is in the moment with verbal feedback". The Administrator confirmed at that time there are no written standards for staff evaluation and that formalized evaluations are not completed.	T 076		
T 090	VI.2.B.3.b. Common Model Program Standards Treatment Components Process-- Treatment plan The treatment plan shall contain clear and concise statements of at least the short-term goals the resident will be attempting to achieve, along with a realistic time schedule for their fulfillment or reassessment.	T 090		

*Please see attached
Plan of Action
& Copy of Correction*

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T 090	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review and staff interview, the residence failed to develop a treatment plan for 2 applicable residents that contained clear and concise statements of at least the short term goals the residents will be attempting to achieve or a time schedule for their fulfillment or reassessment. (Resident #1 & #2) Findings include: 1. Per record review on 03/12/12 for Residents #1 & #2, there was no treatment plan that identified clear and concise short-term goals nor time frames for completion. Although a service plan and monthly summary was written, it did not identify specific goals, outcomes and steps needed for the treatment plan, nor time schedules for their fulfillment or reassessment. Per interview on 03/12/12 at 4:30 PM, the Administrator confirmed there was no treatment plan that identified short term goals or a time frame for completion.	T 090	Please See ATTACHED Plan of Action and Sample of A Direction Plan		

Hundred Acre Homestead Plan of Correction

Response to Item 1: Medication

The prescribing doctor was called and the 6-week cycle was verified and the written prescription was faxed over. (Copy of this included.) The pharmacy was then called and asked to make sure that "6-week cycle" was printed on the label going forward, which they said was no problem and apologized for not having done this in the first place.

Response to Item 2: Staff Evaluations

A Staff Evaluation form (copy of this included) was created which will be used quarterly for new staff, every 6 months for staff in their 2nd year, and yearly for long-time staff.

Response to Item 3: Treatment Plan/Direction Plan

At HAH a Treatment Plan is put together by the Director upon the admission of every new resident. This is taken from provided history and from the required thorough interview process. This treatment plan contains guidelines for staff and highlights symptoms and behaviors to be aware of, as well as the individuals strengths and weaknesses, and areas/skills that need improvement. During the first 3 months HAH gets to know the individual while they are adjusting to and becoming comfortable with our program. By the end of the 3rd month a Direction Plan is then put together in partnership with the individual. This Direction Plan identifies 3 short term goals and 1 long term goal that the individual works on in addition to the regular program. These goals are then tracked month to month and then reviewed quarterly in terms of progress made/not made and any necessary modifications made at each review. (Copy of a sample Direction Plan is included.)